

**Application for Certification as an Eligible Energy Resource Under the
Delaware Renewable Energy Portfolio Standard**

1. Name of Facility

Decapua

2. Facility Address

115 Cove Rd.

Bethany Beach, DE 19930

Is the facility located within the PJM control area?

☐ Yes

☐ No

If No, does the Facility have import capabilities¹?

☐ Yes

☐ No

3. Name of Owner

Len Decapua

Mailing Address

115 Cove Rd.

Bethany Beach, DE 19930

Phone 302-478-0880 Fax _____

Email lendeapua@hotmail.com

4. Name of Operator

Len Decapua

Mailing Address

115 Cove Rd.

Bethany Beach, DE 19930

Phone 302-478-0880 Fax _____

Email lendeapua@hotmail.com

¹ Documentation will be required to substantiate import capabilities into PJM

5. Name of Contact Person

Go Liberty Services

Mailing Address

5700 Kirkwood Hwy Suite 106
Wilm., DE 19808

Phone 302-660-2187 Fax 302-397-2504

Email Solar@go.liberty.co.

6. Name of REC/SREC Owner

Len Decapua

Mailing Address

115 Cove Rd.
Bethany Beach, DE 19930

Phone 302-478-0880 Fax _____

Email Lendecapua@hotmail.com

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

8. Operational Characteristics:

Fuel Types Used (check all that apply):

- ☐ Gas combustion from the anaerobic digestion of organic material
- ☐ Geothermal
- ☐ Ocean, wave or tidal actions, currents, or thermal differences
- ☐ Qualified Biomassⁱ
- ☐ Qualified Fuel Cellsⁱⁱ
- ☐ Qualified Hydroelectricⁱⁱⁱ
- ☐ Qualified Methane Gas captured from a landfill gas recovery system^{iv}

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS) _____

Rated Capacity (in megawatts - DC) 100476

If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.

Facility Final Approved Interconnection Date 04-20-15

If co-firing with fossil fuels, co-fire start date _____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation^v?

☐ Yes ☐ No

Is the Applicant's facility a community owned generating facility^{vi}?

☐ Yes ☐ No

Can the output from the customer-sited generation be appropriately metered?

☐ Yes ☐ No

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes*

☒ No

Go Liberty Service
Company Name of Installer

Kaylin Rodriguez
Signature of Company Representative

5700 Kirkwood Hwy Suite 106
Address
Wilm, DE 19808
Address

Kaylin Rodriguez
Print Name of Company Representative

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
 - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
 - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☐ Yes*

☒ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☐ Yes*

☒ No

Go Liberty Services
Company Name of Installer

Kaylin Rodriguez
Signature of Company Representative

5700 Kirkwood Hwy Suite 106
Address
Wilm, DE 19808
Address

Kaylin Rodriguez
Print Name of Company Representative

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

I, Raylin Rodriguez (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: _____



A P&E Company

PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

**With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)**

(Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Name: Len DeCapua
Mailing Address: 10 Perth Drive
City: Wilmington State: DE Zip Code: 19803
Telephone (Daytime): 302-478-0880 (Evening): _____
Facsimile Number: _____ E-Mail Address: lendecapua@hotmail.com

FACILITY INFORMATION

Facility Address: 115 Cove Rd
City: Bethany Beach State: DE Zip Code: 19930

DPL Account # of Facility Site: 238371699998

Energy Source: Photovoltaics Prime Mover: Photovoltaics
DC Nameplate Rating: 4.86 (kW) _____ (kVA), AC Inverter Rating 5.0 (kW), AC System
Design Capacity: 6.25 (kW) _____ (kVA)

Inverter Manufacturer: SMA Model # & Rating: 5000TL-US-22
Number of Inverters: 1

EQUIPMENT INSTALLATION CONTRACTOR


Check if owner-installed ☐

Name: Liberty Services Co.
Mailing Address: 5700 Kirkwood Hwy STE 106
City: Wilmington State: DE Zip Code: 19808
Telephone (Daytime): 302-660-2187 (Evening): _____
Facsimile Number: _____ E-Mail Address: solar@goliberty.co

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed


(Signature of interconnection customer)

Date 12/3/2014

Printed Name

Len DeCapua

Type of Application New/Initial ☒ Growth/Increase ☐ System Capacity 4.86 kW (DC)

Check if copy of signed electric inspection form is attached ☐

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC.

Electric Distribution Company waives Witness Test? (Initial) Yes () No ()

If not waived, date of successful Witness Test Passed (Initial) ()

EDC Signature

Date

12/3/2014

Printed Name

CATHY LONG

Title